

01/09/03
Cost & Use
2000

MEDICARE CURRENT BENEFICIARY SURVEY
 Outpatient Hospital Events

RIC: OPE
 Page: 1
 Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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The Outpatient Hospital Events file contains data individual hospital outpatient events for the MCBS population.

RIC	1	2					C RIC CODE FOR ADMIN IDENTIFICATION RECORD
VERSION	3	1					C VERSION NUMBER
BASEID	4	8					C UNIQUE IDENTIFICATION NUMBER
EVNTNUM	14	4	\$EVNTNUM				C UNIQUE EVENT IDENTIFIER
				24,894			C000-C999 EVENT CREATED FROM CLAIM
				32,550			0000-9999 SURVEY REPORTED EVENT
OREVTYPE	18	2	\$EVNTTYP				C ORIGINAL REPORTED EVENT TYPE
				24,894			INAPPLICABLE
				0			DU DENTAL
				2,520			ER EMERGENCY ROOM
				568			IP INPATIENT
				0			IU INSTITUTIONAL UTILIZATION
				9,112			MP MEDICAL PROVIDER
				350			OM OTHER MEDICAL EXPENSE
				19,209			OP OUTPATIENT
				0			PM PRESCRIBED MEDICINE
				253			SD SEP BILLING DOCTOR
				538			SL SEP BILLING LAB
CLAIMID	20	7					N CLAIM THIS SURVEY EVENT MATCHED TO
FROMDT	27	6					C FROM DATE ON CLAIM
THRU DT	33	6					C THRU DATE ON CLAIM
EVBE GY	39	2	\$EVYY				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				87			-1 INAPPLICABLE
				12			-8 DK
				57,345			00-99 YEAR
EVBE GMM	41	2	\$EVMM				C EVENT BEGIN MONTH
				0			INAPPLICABLE
				87			-1 INAPPLICABLE
				172			-8 DK
				4			-9 NOT ASCERTAINED
				57,181			01-12 MONTH
				0			95 STILL IN PROGRESS
EVBE GDD	43	2	\$EVDD				C EVENT BEGIN YEAR
				0			INAPPLICABLE
				87			-1 INAPPLICABLE
				7,133			-5 MULTIPLE VISITS THIS MONTH
				3			-7 REFUSED
				3,483			-8 DK
				4			-9 NOT ASCERTAINED
				46,734			01-31 DAY OF MONTH

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SOURCE	45	1	\$SOURCE				C SOURCE OF EVENT: SURVEY, CLAIM, OR BOTH?
				11,961			1 SURVEY ONLY
				24,894			2 CLAIMS ONLY
				20,589			3 BOTH SURVEY & CLAIMS
SITCODE	46	1	\$SITCODE				C COMMUNITY OR FACILITY SETTING?
				9			B BOTH COMM & FACILITY
				49,492			C COMMUNITY
				1,378			D DEEMED COMMUNITY
				6,041			F FACILITY
				63			G DEEMED FACILITY
				461			S SNF
AMTTOT	47	9					N TOTAL PAYMENT
IMPATOT	56	1	IMPFLAG				N IMPUTATION FLAG: AMT TOTAL PAYMENT
				39,499			0 NOT IMPUTED
				17,945			1 IMPUTED
AMTCOV	57	9					N PORTION OF TOTAL PAY COV BY MEDICARE
AMTNCOV	66	9					N PORTION OF TOTAL PAY NOT COV BY MEDICARE
AMTCARE	75	9					N AMOUNT PAID BY MEDICARE
IMPSCARE	84	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE
				57,320			0 NOT IMPUTED
				124			1 IMPUTED
IMPACARE	85	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE
				55,125			0 NOT IMPUTED
				2,319			1 IMPUTED
AMTCAID	86	9					N AMOUNT PAID BY MEDICAID
IMPSCAID	95	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICAID
				53,188			0 NOT IMPUTED
				4,256			1 IMPUTED
IMPACAID	96	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICAID
				47,427			0 NOT IMPUTED
				10,017			1 IMPUTED
AMTHMOM	97	9					N AMOUNT PAID BY MEDICARE HMO
IMPSHMOM	106	1	IMPFLAG				N IMPUTATION FLAG: SOP MEDICARE HMO
				55,669			0 NOT IMPUTED
				1,775			1 IMPUTED
IMPAHMOM	107	1	IMPFLAG				N IMPUTATION FLAG: AMT MEDICARE HMO
				54,330			0 NOT IMPUTED
				3,114			1 IMPUTED

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AMTHMOP	108	9					N AMOUNT PAID BY PRIVATE HMO
IMPSHMOP	117	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIVATE HMO
				56,593			0 NOT IMPUTED
				851			1 IMPUTED
IMPAHMOP	118	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIVATE HMO
				56,254			0 NOT IMPUTED
				1,190			1 IMPUTED
AMTVA	119	9					N AMOUNT PAID BY VETERANS ADM
IMPSVA	128	1	IMPFLAG				N IMPUTATION FLAG: SOP VETERANS ADM
				57,387			0 NOT IMPUTED
				57			1 IMPUTED
IMPAVA	129	1	IMPFLAG				N IMPUTATION FLAG: AMT VETERANS ADM
				56,823			0 NOT IMPUTED
				621			1 IMPUTED
AMTPRVE	130	9					N AMOUNT PAID BY PRIV INS (EMPLOYER SPONS)
IMPSPRVE	139	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-EMPLOYER
				53,222			0 NOT IMPUTED
				4,222			1 IMPUTED
IMPAPRVE	140	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-EMPLOYER
				51,933			0 NOT IMPUTED
				5,511			1 IMPUTED
AMTPRVI	141	9					N AMOUNT PAID BY PRIV INS (INDIV PURCH)
IMPSPRVI	150	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-INDIV PUR
				52,799			0 NOT IMPUTED
				4,645			1 IMPUTED
IMPAPRVI	151	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-INDIV PUR
				51,678			0 NOT IMPUTED
				5,766			1 IMPUTED
AMTPRVU	152	9					N AMOUNT PAID BY PRIV INS (UNKNOWN PURCH)
IMPSPRVU	161	1	IMPFLAG				N IMPUTATION FLAG: SOP PRIV INS-UNKNOWN
				56,897			0 NOT IMPUTED
				547			1 IMPUTED
IMPAPRVU	162	1	IMPFLAG				N IMPUTATION FLAG: AMT PRIV INS-UNKNOWN
				56,897			0 NOT IMPUTED
				547			1 IMPUTED
AMTOOP	163	9					N AMOUNT PAID BY PERSON/FAMILY

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IMPSOOP	172	1	IMPFLAG				N IMPUTATION FLAG: SOP PAID BY PERSON
				50,911			0 NOT IMPUTED
				6,533			1 IMPUTED
IMPAOOP	173	1	IMPFLAG				N IMPUTATION FLAG: AMT PAID BY PERSON
				48,968			0 NOT IMPUTED
				8,476			1 IMPUTED
AMTDISC	174	9					N AMOUNT OF UNCOLLECTED LIABILITIES
IMPSDISC	183	1	IMPFLAG				N IMPUTATION FLAG: SOP UNCOLL LIAB
				55,859			0 NOT IMPUTED
				1,585			1 IMPUTED
IMPADISC	184	1	IMPFLAG				N IMPUTATION FLAG: AMT UNCOLL LIAB
				55,574			0 NOT IMPUTED
				1,870			1 IMPUTED
AMTOTH	185	9					N AMOUNT PAID BY OTHER SOURCES
IMPSOTH	194	1	IMPFLAG				N IMPUTATION FLAG: SOP OTHER SOURCES
				57,026			0 NOT IMPUTED
				418			1 IMPUTED
IMPAOTH	195	1	IMPFLAG				N IMPUTATION FLAG: AMT OTHER SOURCES
				56,407			0 NOT IMPUTED
				1,037			1 IMPUTED
ODIAGCNT	196	2					N NUMBER OF DIAGNOSIS CODES ON CLAIM
ODIAG1	198	5					C FIRST ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG2	203	5					C SECOND ICD-9 DIAGNOSIS CODE FROM CLAIM
ODIAG3	208	5					C THIRD ICD-9 DIAGNOSIS CODE FROM CLAIM
HMO	213	1	\$HMO				C EVENT PROVIDED BY AN HMO?
				50,546			0 EVENT NOT PROV BY HMO
				6,898			1 EVENT PROVIDED BY HMO